

<b>Case Number:</b>	CM15-0082770		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on August 10, 2012, incurred neck and low back injuries from repetitive actions at work. He has a history of a cervical spine fusion in 2009, lumbar spine surgery in 1992. He was diagnosed with cephalgias and lumbar spine radiculopathy. Currently, the injured worker complained of continued constant pain to the neck with reduced range of motion radiating into the bilateral upper extremities. The treatment plan that was requested for authorization included a cervical epidural steroid injection and pool therapy for the spine and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cervical Epidural Steroid Injection 1x1 (unspecified region): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 46, Epidural injections.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Epidural injections. MTUS guidelines state the following: epidural injections are recommended as an option in the treatment of radicular pain. They should only be repeated if there is at least a 50% pain relief from the prior injection. There is lack of documentation of this. According to the clinical documentation provided and current MTUS guidelines; an additional Epidural injections is not medically necessary.

**Pool Therapy for the Spine and Right Knee, 2 times weekly for 4 weeks, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. The patient has completed an unknown amount of sessions of therapy already. This appears to be regular Physical Therapy. There is no clear indication of why this cannot be completed as land therapy. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not medically necessary.